COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

Enterprise Invoice Management

&

Enterprise Service Management Project

BSAS

Acute Intake Manual

For Acute Intake Form – Version 15

August, 2014

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Introduction

The Department of Public Health (DPH), Bureau of Substance Abuse Services (BSAS) collects client and service data via the Executive Office of Health and Human Services (EOHHS) business application, Enterprise Invoice Management-Enterprise Service Management (EIM-ESM), which is accessed through the web-based EOHHS Virtual Gateway.

Why Do We Collect this Data and Why is Accuracy Important?

At least half of the funding for substance abuse services is Federal. BSAS reports to the Substance Abuse and Mental Health Services Administration (SAMHSA).

- ❖ It is a federal reporting requirement that we submit this data to SAMHSA
  - The data submitted to SAMHSA is referred to as the Treatment Episode Data Set (TEDS)
  - TEDS is the ONLY national client-level database on substance abuse treatment
    - ➡ The data is used by federal policymakers, researchers, and many others
  - It provides data for trend analysis, understanding characteristics of persons admitted to substance abuse treatment and client outcomes
  - It includes information on all clients admitted to programs that receive public funds

- ❖ Performance Management
  - Level of Care Management meeting process
  - Development of provider feedback reports
    - ➡ Business Decision Support
    - ➡ Analysis to determine client outcomes and to promote best practices

EIM-ESM is designed to provide timely and comprehensive reports on client characteristics at Intake and Enrollment, client status at Disenrollment, and client change between the beginning and end of the treatment episode. The data system can be used to monitor treatment time and readmission rates for the same or different substance abuse problems. An important dimension of the system is that client and fiscal information systems use the same database. As a result, program managers may obtain detailed information on the type and amount of services provided and the cost of services to specific client groups.

Goals and Objectives

The primary goal of the EIM-ESM data collection by the Bureau of Substance Abuse Services is to enhance fiscal and program management. To achieve that goal, the system has eight objectives:

1. Provide unduplicated client count
2. Provide count of client enrollments
3. Monitor usage patterns
4. Provide timely reports on client characteristics
5. Verify billing and suspend payment if necessary
6. Compute utilization rates
7. Produce budget status reports
8. Facilitate treatment and recidivism studies

Client Confidentiality

The Bureau realizes that there is concern as to client confidentiality because client names and other identifying information such as Social Security numbers (SSN) are collected by EIM-ESM. Not only does the Bureau adhere to the provision governing the confidentiality of alcohol and drug abuse patient records (Code of Federal Regulations, Chapter 42, Part II), but in addition the data is protected by HIPAA and by the Massachusetts Fair Information Practices Act. The data qualify as medical records and, therefore, cannot be requested as "public records".

The EIM-ESM security measures are robust. It is an award winning security system. The way in which the information is stored is fragmented so is not relatable. In addition, the Department of Public Health's Legal Office determined that BSAS staff, including any research or analytic staff, should have no access to the EIM-ESM interface, unless required to meet their job responsibilities – Provider Support and Technical Assistance. The very few that do have access to the interface not only abide by the strictest of Confidentiality Agreements but are housed in locked offices to assure that no one might accidently view any part of the interface.

In addition, there is a Qualified Service Organization Agreement (a signed and dated document describing the agreed upon terms of a service relationship between the licensee and the qualified service organization, which meets the requirements of 42 CFR Part 2), between DPH and EOHHS which assures that access to client screens is not permitted by any EOHHS staff supporting the EIM-ESM application.

Why is the collection of identifying information so important?

Without it the Bureau could not meet its goals: provide unduplicated client count, provide count of client enrollments, monitor usage patterns, provide timely reports on client characteristics, verify billing and suspend payment if necessary, compute utilization rates, produce budget status reports, and facilitate treatment and recidivism studies; without which accurate client outcomes would not be available to enhance treatment opportunities.

EIM-ESM also limits access to a client's enrollment information and substance abuse assessment information to the organization that is treating the client and holds the consent to enter the data into EIM-ESM.

Only the enrolling agency can see that the client is enrolled in a BSAS Program.

Tips

- Never email client names when contacting DPH for TA
- Never use the client name when on a phone call with DPH for TA

Interview Assumptions

The BSAS Intake and Assessments interviews are based on two important assumptions:

1. **The Bureau's Intake/Assessment interviews are not designed as clinical interviews**. Although general descriptions of client status are obtained, the detail required for a comprehensive analysis of the client's substance abuse and related problems is not elicited. Programs, therefore, are expected to conduct more detailed clinical interviews. Collection of the Assessment data can be a part of the more comprehensive clinical interview.

2. **Many of the interview items are designed as prompts.**
   A specific question format is not provided. Clinicians are free to ask the questions in their own style and format. The only constraint is that all required questions must be asked and an answer provided even when it is "unknown' or "refused".

ACUTE INTAKE FORM

All questions marked with ▶ are required and must be completed.

▶ ESM Client ID

The Client ID is automatically assigned when the client is entered into the ESM-EIM system. This number should be recorded on the Intake form and then Assessments *after the data is entered* into EIM-ESM system. As the Bureau does not have access to client names, this is helpful information to have in the client record when verifying the data in the system or when communicating with the Bureau regarding the specific client's case and/or billing.

Provider ID

This field is to be used by the provider in any way that is helpful to them in the management of client records. This is not entered into the EIM-ESM system.

▶ ESM Release of Information

The ESM Release of Information check off box on the Intake Form pertains to <u>client identifying information only.</u> It is mandatory that the box is checked indicating whether or not the client has signed the Program's ESM Release of Information. Again, the release pertains to client identifying information only. Programs are required to submit all demographic and assessment information to BSAS. Clients should be assured that in signing the release, such identifying information only helps to better enable the system to verify what services work well and where they are needed and to assist Programs in working with payers of treatment.

Check yes if the client has signed the ESM Release of Information.

If the client should opt not to sign the release of information, <u>demographic and assessment information must still be collected</u> but without any client identifiers. This can be accomplished by using the following steps:

1. Create an **Intake Code** to clear client identifiers. Use this code in place of the client's first and last name on the intake form.
2. The code is four or five alphabetic characters composed of capital letters from the individual's full name:
    1) First letter of the client's first name
    2) Third letter of the client's first name
    3) Middle initial (If none, create a four digit code instead)
    4) First letter of the client's last name
    5) Third letter of the client's last name
3. Use 999-99-9999 for the Social Security Number
4. Address: Use "1 Main Street" for the street address and the actual town/city where client lives. Street address can only be skipped if the client is Homeless.
5. Birth Date: Use the actual year of the client's birth (YYYY) with 01/01 as the MM/DD unless that is the actual birth date, in that case use 02/01 as the MM/DD.

- The Intake Code is only necessary when a client refuses to sign the ESM Release of Information.
- The Intake Code will only appear on the Intake Form.
- For Enrollment and Disenrollment Assessments: The BSAS **Client Code** is required. The BSAS Client Code is similar to the Intake Code, but must always consist of five alphanumeric characters.

► Enrollment Date

Enter the day that the client was enrolled/admitted to the program. Enter the date using the MM/DD/YYYY format. MM must be 01 through 12 and DD must be 01 through 31 (e.g., 06/01/2007).

1. First Name/Middle Initial/Last Name/Suffix

Enter the Legal name. Ask for the middle initial and do not enter nicknames. It is important to pursue the legal name to ensure that the client is not entered into the system multiple times due to slight variations in name. Duplicate entries of the same client will prevent the accurate analysis of the client's treatment history and outcomes.

If the client did not sign the ESM Release of Information, use the client's Intake Code as first and last name. Why? To avoid the potential mistake of the client's name being illegally entered into the application.

►2. Highest Grade Completed

Check only one box. Select the one that is most appropriate. The choices are:

- Not of school age
- Some schooling, no high school
- Some high school
- High school diploma/GED
- Some college
- Associates degree
- College degree or higher
- Other credential (degree, certificate)
- No formal education
- Unknown

►3. Gender

Check only one box. Select either 'Male', 'Female', or 'Transgender'.

►4. Birth Date

Enter the client's birthday using the MM/DD/YYYY format. MM must be 01 through 12 and DD must be 01 through 31 (e.g., 06/01/2007).

►5. Social Security Number (SSN)

Enter the client's SSN, if available. If the client refuses to provide their SSN or it is unknown, enter 999-99-9999 instead.

►6a. Address Type

Read Job Aid and Decision Tree (next following pages) to help determine Homelessness versus non-Homelessness

Check only one box. Select the one that is most appropriate (see definitions). The choices are:

- Home
- Near Homeless
- Homeless

See Decision Job Aid and Home/Near Homeless- Home/Homeless Decision Tree on Next Three Pages Before Answering!

▷ Street Address

Enter the street address where the client resides. No street address is required if the client is homeless.

► City/Town, State, Zip Code

Enter the city/town, state, and zip code where the client resides. If the client is homeless, enter the city/town, state where the client is homeless. Use any zip code that corresponds with the city/town where homeless.

Never Use the Program's address/city/town/zip code!

►6b. Primary Address

Always check **'Yes'**.

Virtual Gateway: (EIM/ESM)

ESM Determining Homeless Versus non-Homeless (BSAS) Job Aid

- How to determine if a new or even returning client is homeless, near homeless or has a home has proved difficult for most providers.
- We have tried to make the process easier by creating this job aid which explicitly states the criteria one must meet in order to be homeless or near homeless.
- You will also find a helpful Decision Tree, listing various living situations and guiding you as how
- best to code them.

- Please Remember, just because a client may have an address in the system, it does not necessarily mean that the client still resides there.
- ALL demographic information must be updated including ADDRESS TYPE.
- If the client confirms that the information is the same, Hit the Save Button.
- If the information has changed, you must Create a New Record (not a new assessment, a new record for that field.)

Homeless: This definition covers the following circumstances or living situations.

1. An individual/family who spent last night in a shelter or the streets
2. An individual/family who has been sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation, such as a car, park, abandoned building, bus/train station, airport or camping ground
3. An individual/family who spent last night in a residential treatment program
    a. *AND* has no permanent place to live or return to
4. An individual/family who spent last night in an institution (such as jail, hospital)
    a. *AND* has no permanent place to live or return to
5. An individual/family who spent last night in a hotel/motel paid for by charitable organization or federal/state/local government programs
    a. *AND* has no permanent place to live or return to
6. An individual/family fleeing domestic violence or other dangerous, life-threatening condition
    a. *AND* has no permanent place to live or return to
7. An individual/family who is being intaked/enrolled into a "housing PLUS supportive case management" program
    a. *AND* who is living in a housing setting (permanent, transitional, low-threshold) attached to that supportive case management program
    b. *AND* has met the "homeless" criteria listed above immediately before moving into the "housing PLUS supportive case management" program

Near Homeless: This definition covers the following circumstances or living situations:

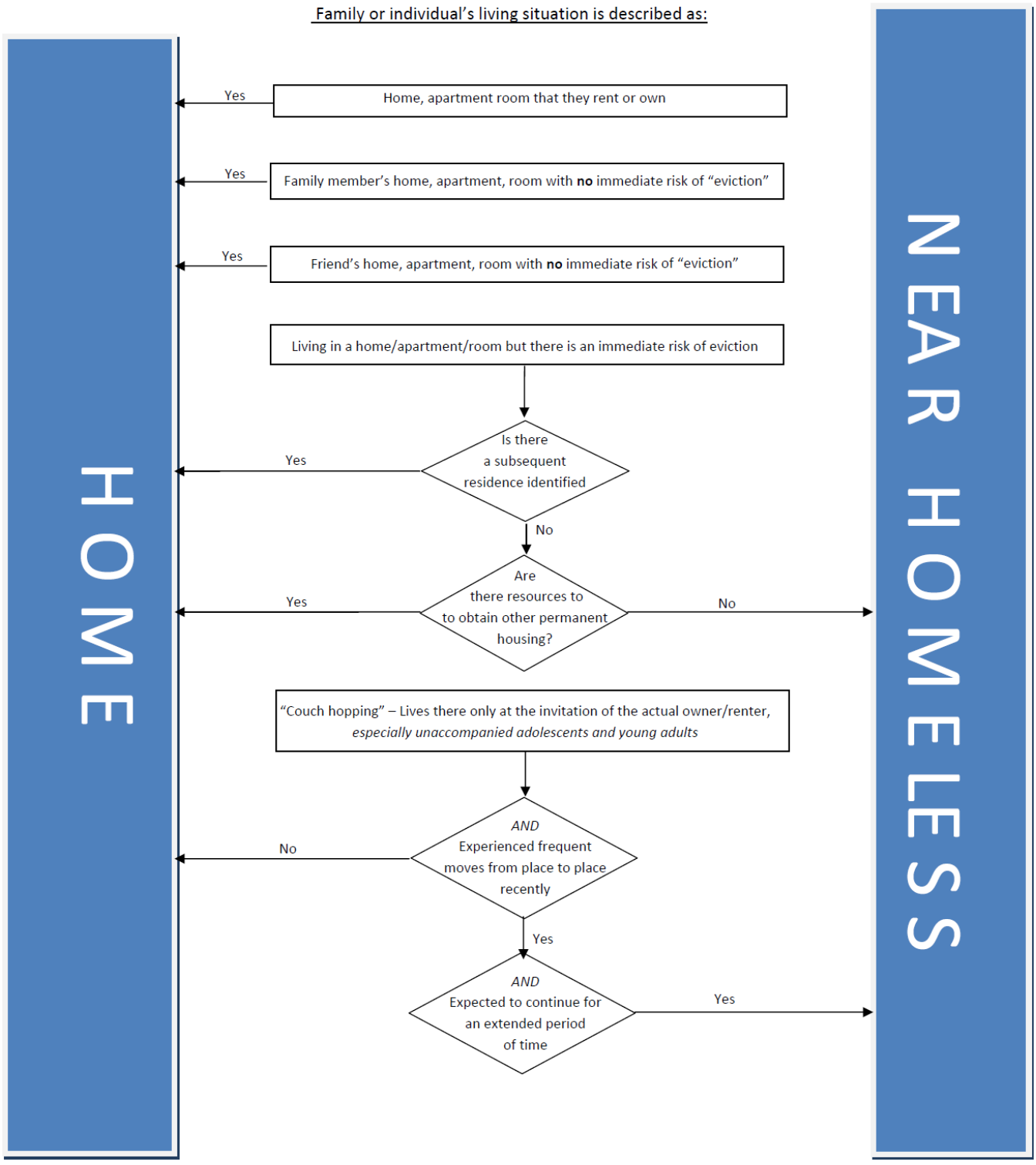
a. Individuals/families will imminently lose their primary nighttime residence (through eviction, foreclosure)
a. *AND* have no subsequent residence identified
b. *AND* lack the resources to obtain other permanent housing.

b. Individuals/families, *especially unaccompanied adolescents and young adults*, who are in a living situation where the individual does not own or hold a lease for the residence
a. *AND* is able to live there only at the invitation of the actual owner/renter
b. *AND* have experienced frequent moves (changes in their housing location) from place to place recently
c. *AND* can be expected to continue in this status for an extended period of time.

BSAS does not fund Homeless Prevention programs. Therefore, the BSAS definition of "Near Homeless" will correspond to Category 2 and 3 of the newer HUD/HEARTH definition of Homelessness. There will <u>not</u> be a BSAS category to correspond with HUD/HEARTH "At-Risk" definitions.

Address Type Decision Tree

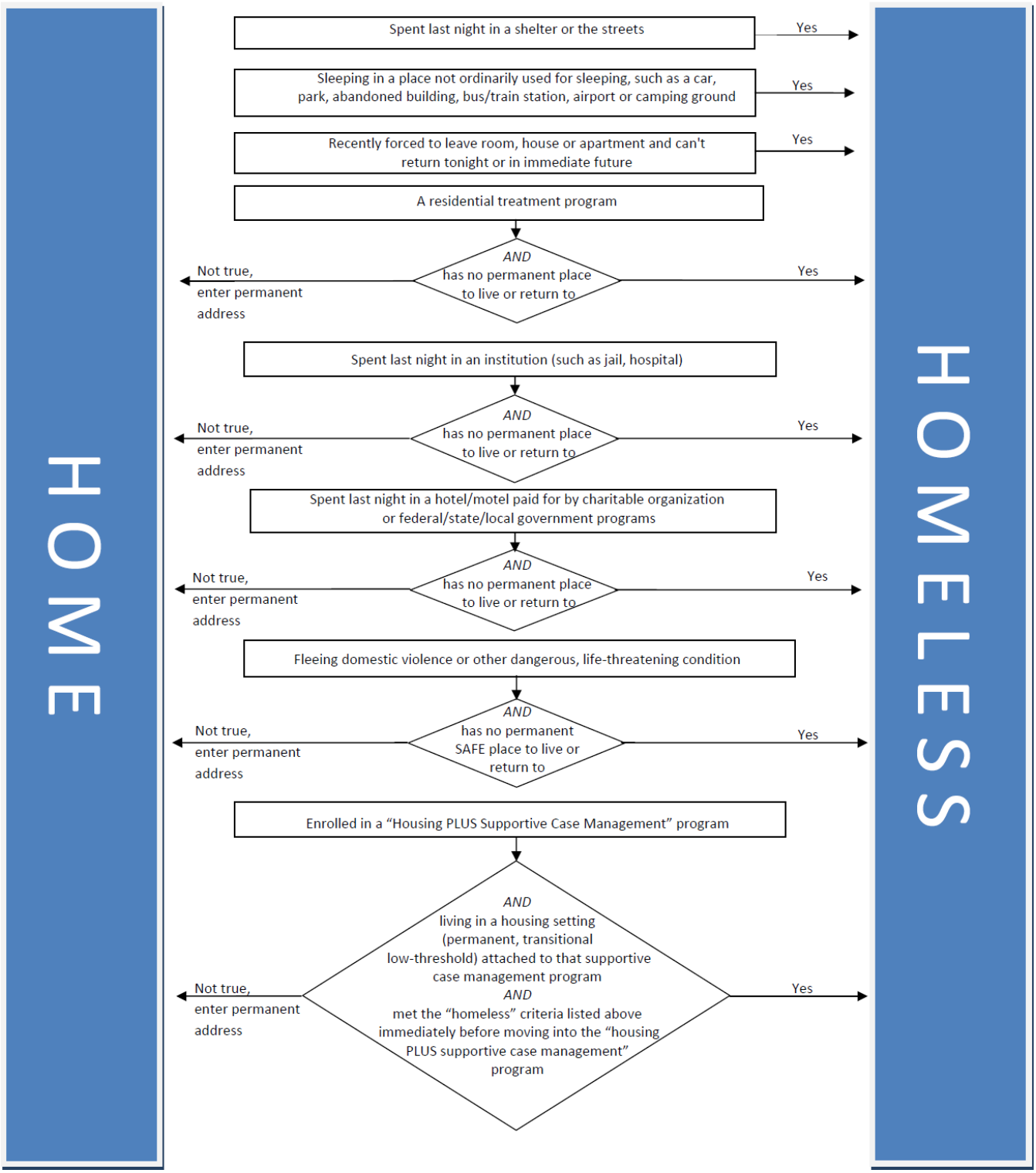
Home/Near Homeless



Address Type Decision Tree

Home/Homeless

Family/Individual's living situation is described as:



7a. Alternate Name

Enter the First, Middle, and Last Name that the individual was previously or is alternately known as or has used as an alias.

When Entering the client's alternate name, be sure to include as much of the legal name that stays the same (e.g., Client's full legal name is John D. Smith. He is also known by his nickname "Johnny". You would report his alternate name as "Johnny D. Smith."

7b. Name Type

Check only one box. Select the appropriate description of the alternative name entered in Question 7a.

The choices are:

- Alias
- Nickname
- Known by
- Married Name
- Maiden Name
- Name at Birth
- Prior Marriage Name

►8a. Are you Spanish/ Hispanic/Latino?

Check only one box. Select either 'Yes' or 'No'.

If the individual answers 'Yes', ask the individual to select an Ethnicity from Question 8b.
If the individual answers 'No', skip to Question 9.

8b. Spanish/ Hispanic/Latino Ethnicities

Check only one box. If 'Other' is selected, specify the ethnicity.

The choices are:

- Central American
- Cuban
- Dominican
- Mexican, Mexican American, Chicano
- Puerto Rican
- Salvadoran
- South American
- Unknown
- Other, if other specify _____

9. What is your primary ethnicity/ancestry?

Check only one box. If 'Other' is selected, specify the ethnicity.

The choices are:

- African
- African American
- American
- Asian Indian
- Brazilian
- Cambodian
- Cape Verdean
- Caribbean Islander
- Chinese
- Eastern European
- European
- Filipino
- Haitian
- Japanese
- Korean
- Laotian
- Latin American Indian
- Middle Eastern
- Portuguese
- Russian
- Thai
- Vietnamese
- Unknown
- Other, specify_____

►10. What is your race?

Check **all** that apply. If the individual selects 'Other', specify the race.

The choices are:

- American Indian/Alaskan Indian
- Asian
- Black, African American
- Native Hawaiian or Pacific Islander
- White
- Other, specify_____
- Unknown (this is an exclusive check, no others can be checked)
- Refused (this is an exclusive check, no others can be checked)

►11. In what language do you prefer to read or discuss health related materials?

Check only one. If the individual selects 'Other', specify the language.

The choices are:

- American Sign Language
- Cambodian (Khmer)
- Cape Verdean Creole
- Chinese
- English
- Haitian Creole
- Hmong
- Korean
- Laotian
- Portuguese
- Russian
- Spanish
- Vietnamese
- Other, specify_____

►12. Number of Adults in Household

Enter the number of adults living in the individual's home. Enter **'1'** if the client is homeless or incarcerated.

►13. Number of Children Living in Household

Enter the number of children less than 19 years living in the household. This may include the individual's children and/or the children of other adults in the household.

►14a. Client Income

Report the individual's income. If the individual is a child, report the parent's income.

If the answer to Question 14a is zero, skip to Question 16.
If client has any income, Questions 14b, and 15 must be answered.

14b. Income Frequency

Select the frequency that is associated with the amount reported in Question 14a.

The choices are:

- Weekly
- Bi-weekly
- Monthly
- Annually

15. Source of Income

Report the source(s) of the income reported in Question 14a. **Select as many as apply**.

The choices are:

- Wages/Salary
- Child Support
- Alimony
- Disability
- Disability - SSI
- Disability - SSIDI
- Veterans Disability Payment
- Private Disability Payment
- Public Assistance - TANF
- Public Assistance - General
- Unemployment Compensation
- Workers Compensation
- Retirement - Social Security
- Retirement/Pension - Private
- Veterans Pension
- Non-employment Cash Income
- None
- Other

16. Received Income Verification:

Check the verification box if verification of the reported income has been received (e.g., a pay stub or other financial documentation.)

▶17. Marital Status:

Check one box.

The choices are:

- Never Married
- Married
- Divorced
- Widowed
- Separated
- Significant Partnership Relationship

►18. Insurance Type

Many of the Insurance Providers offer plans in private, federally and state subsidized Medicaid and state only subsidized ConnectCare. It is **vital** to ask clients not only the name of their insurance but the type as well.

There are many more answer choices in the ESM application, please be sure to select only one of the 7 below.

Check one box.
The choices are:

- Uninsured
- MC (Medicaid/MassHealth)
- MP (Medicare) – Over 65, some disabled
- HM (HMO) – Private HMO through employment or client pay
- C1 (Private Insurance) – through employment or client pay
- OT – (Other) includes State subsidy (e.g., ConnectCare, Health Safety Net)
- VA – Veterans Administration

If the client has Medicaid/Medicare check one box here and the other box under "Additional Insurance" # 20.

► Insurance Company Name

Select the name of the insurance company (e.g. Harvard Pilgrim) or the specific Medicaid plan (e.g. MBHP, Beacon-NHP, MassHealth Standard) or state subsidized plan (e.g ConnectCare-CelticCare, Health SafetyNet)

If the insurance type is Medicare, there are no plan names, simple select Medicare from the list.
If the client is Uninsured this field is not required.

Policy Number

Write in the policy number of the insurance plan.

Data Entry

- If entering a **New** insurance record, enter the Enrollment Date as the Insurance Effective Date
- If existing client with new insurance, end date previous insurance record with day before this Enrollment date.
- If the insurance has **Not Changed** since the client's last enrollment (whether or not at your program) **simply hit SAVE!!!**
- If the individual has insurance through the new state **ConnectCare plan, select 'OT' - 'Other'** as this is not a Medicaid or Medicare plan.

►19. Is this your Primary Insurance?

Check one box. Select either 'Yes' or 'No'. This question can only be left blank if the client is uninsured.

20. Insurance Type.

If the client has additional insurance coverage, complete the following. If not, intake is complete.

Many of the Insurance Providers offer plans in private, federally and state subsidized Medicaid and state only subsidized ConnectCare. It is **vital** to ask clients not only the name of their insurance but the type as well.

Check only one box.
The choices are:

- MC (Medicaid/MassHealth)
- MP (Medicare) – Over 65, some disabled
- HM (HMO) – Private HMO through employment or client pay
- C1 (Private Insurance) – through employment or client pay
- OT – (Other) includes State subsidy (e.g., ConnectCare, Health Safety Net)
- VA – Veterans Administration

In that only one type can be checked per question, this is useful for those clients who have Medicaid/Medicare.

► Insurance Company Name

Select the name of the insurance company (e.g. Harvard Pilgrim) or the specific Medicaid plan (e.g. MBHP, Beacon-NHP, MassHealth Standard) or state subsidized plan (e.g ConnectCare-CelticCare, Health SafetyNet)

If the insurance type is Medicare, there are no plan names, simple select Medicare from the list.

Policy Number

Write in the policy number of the insurance plan.

Affirmation